## User’s Guide for the Parent Interview Protocol for Child Hearing and Vision Skills

**THE PARENT INTERVIEW PROTOCOL** will be performed with all families of children who do **not** already have a diagnosis of a visual or hearing impairment. It is the means by which hearing and vision skills are determined as part of the multidisciplinary assessment. Early Steps programs may choose to gather additional information or perform vision and/or hearing assessments, however it is expected that a completed Parent Interview Protocol will be included in each child’s Early Steps file.

The protocol must be completed during the eligibility evaluation process or during the assessment process for children who have established conditions. Previous testing and risk factor information can be obtained during first contacts in order to make it available at the multidisciplinary assessment. The protocol is divided into 3 sections:

1. **PREVIOUS TESTING**: This is important information to collect. If the child has been referred to and/or tested by an eye doctor or audiologist, complete this section and # I on the RESULTS page. Record the diagnosis, the name of the specialist and the date of testing. If there has been prior testing DO NOT CONTINUE SCREENING in the area in which there is already a diagnosed hearing or vision loss. If the parent is unaware of the results of newborn hearing screening obtain this information from the child’s physician and note it # II on the Results page (a referral for hearing testing is appropriate if newborn hearing screening was never performed, especially if there are concerns about communication development).
2. **RISK FACTORS:** Read the provided questions and examples to the parent(s). Complete the section and note on Results page # I. CONTINUE SCREENING.
3. **FUNCTIONAL SKILLS:** Consider the child’s performance in these areas:

**Red Flag Questions**: If any question in this section is answered “yes” then a referral for evaluation of hearing or vision should be recommended on the Results Page.

**Developmental Skills**: Begin questions at or closest to the child’s chronological age range. If two or more questions are missed, ask questions from the next lowest age range. If an overall developmental delay in multiple domains is not suspected, and a child has missed 2 or more questions from his/her age range then a referral for evaluation of hearing or vision should be recommended on the Results Page and noted on # III on the Results page.

**Children with Multiple Developmental Delays:** During the multidisciplinary assessment some children will be found to have overall delay across multiple domains. For these children it is reasonable to expect that their functional skill development for hearing or vision will not be at their chronological age level. It is important to consider the relative amount of developmental delay of the child and consider his or her vision and hearing skills at that level. If concerns are present, they should be indicated and the interviewer should probe the family member(s) for more information.

##### RESULTS PAGE

* **Pass:** No family concerns, risk factors or functional skill delays exist. Record and include the Results Page in the child’s Early Steps file.
* **Monitor:** One or more risk factors are present or one expected skill is lacking in the appropriate age range. The physician, parent, and/or early intervention team will monitor the child’s auditory and visual skill development. Record and include the completed Parent Interview Protocol and Results Page in the child’s Early Steps file.
* **Refer for Testing:** Past referral with no follow up **OR** one of more Red Flag Questions were answered “yes” **OR** 2 Developmental Skills were missed at the appropriate age level. Include the completed Parent Interview Protocol and the Results Page in the child’s Early Steps file.

With parent permission, share the completed pages with the medical specialist performing the diagnostic evaluation. Include an Eye Specialist Report form or a Diagnostic Hearing Evaluation form with the

appropriate Parent Interview Protocol pages. The medical home should be kept apprised of concerns and results of diagnostic evaluations.

Once a diagnostic hearing or vision evaluation has been completed, the results will be shared with all team members (i.e., primary service provider informally passes on this information to team members). If the results of the diagnostic evaluation indicate that a sensory impairment exists, then a specialist in vision or hearing will be added to the child’s team. The appropriate changes to assessment and the IFSP will occur as necessary to reflect any additional service provision and/or consultation.

##### Children identified as having a confirmed hearing impairment or vision impairment must have ECDH or ECDV recorded as an eligibility condition.

**SUMMARY OF HOW TO USE THIS PROTOCOL**

* 1. Service coordinator obtains collateral information on page 1, red flag information on page 2, and the 6 age-appropriate questions (3 vision, 3 hearing) on page 3.
  2. If there are serious parent concerns related to red flag items, the service coordinator will pursue obtaining a clinical hearing or vision evaluation.
  3. If there are limited concerns based on the red flag items, then the service coordinator will consider the age-appropriate hearing and vision behaviors. If there are fewer than 2 behaviors in either/both areas identified in the age-appropriate range on page 3 then a referral for a clinical evaluation is warranted.
  4. If there is no concern based on red flag questions (or the service coordinator is not sure about the level of parent concern) and there are fewer than 2 behaviors in hearing and/or vision areas, then the IFSP team will review the information during the multidisciplinary evaluation in light of the child's level of development across domains and make a recommendation about pass/fail status.
  5. The multidisciplinary evaluation will not be delayed until clinical hearing or vision evaluation results are obtained. Any developmental delays identified during the evaluation can be addressed per development of the IFSP. If a diagnosis of sensory impairment is made post-IFSP development, the appropriate hearing or vision specialist will be included on the team to obtain baseline assessment information with a test protocol appropriate to the sensory impairment and will share information and intervention ideas with the team.
  6. This method of screening is not sensitive to all sensory issues or levels of impairment; therefore, the IFSP team may decide that a clinical evaluation is warranted based on information in addition to that collected by the hearing and vision protocol.

Child hearing and vision behaviors and red flag questions can be reconsidered at 6-month or annual review whenever the team deems it appropriate.

Rev. 10/2014



## Parent Interview Protocol for

## Child Hearing and Vision Skills

### CHILD’S NAME: DOB:

**INTERVIEWER**: **DATE:**

##### PREVIOUS TESTING

**VISION**

Do you have any concerns about your child’s ability to see? YES MAYBE NO

Has your child been referred to an eye doctor? YES NO

Has your child been tested by an eye doctor? YES NO Diagnosis/recommendations for follow-up: Doctor’s name: Date tested: Comments:

##### HEARING

Do you have any concerns about your child’s ability to hear? YES MAYBE NO

Has your child been referred to an audiologist? YES NO

Has your child been tested by an audiologist? YES NO

Did your child have a Newborn Hearing Screening? YES NO

Passed

Referred *Hearing testing is needed if not already done*

Missed *Hearing testing is needed*

Diagnosis/recommendations for follow-up: Audiologist’s name: Date: Comments:

# STOP !!!

##### DO NOT CONTINUE SCREENING IF A DIAGNOSIS HAS BEEN MADE

**Go directly to Results page and record. If concerns continue refer back to Dr./Audiologist. RISK FACTORS**

Do any problems with vision or hearing run in the child’s family? (blood relatives experiencing hearing or vision

problems as young children)

YES MAYBE NO

Were there any problems during pregnancy, birth, or right after the child was born?

(premature, low birth weight, maternal infections, low Apgar, transfusion) YES MAYBE NO

Were there any problems identified or illnesses that could affect development? (known trauma, meningitis, cerebral palsy, hydro/microcephaly, seizures, high fever for a long time, many ear infections, draining ears, meningitis, etc.)

YES MAYBE NO

Has your child been diagnosed with any genetic, medical, or developmental conditions or delays? (e.g., Down syndrome, Fetal Alcohol Syndrome, CHARGE, Frazier, Goldenhar, Hurler, Marfan, Norrie, Prader-Willi, Refsum, Trisomy 13,

Waardenburg)

YES MAYBE NO

Has your child been diagnosed with an expressive communication delay?

YES MAYBE NO

Comments:

**FUNCTIONAL SKILLS**

##### Ask all questions. If no problems, all questions should be answered ‘No’.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RED FLAG VISION QUESTIONS-VISION** |  | YES | NO |
| Does light seem to bother your child? (squint, cry, close eyes or turn away)? | | |  |  |
| Does your child often tilt or turn his head when looking at an object? | | |  |  |
| Does your child hold objects very close (1”-2”) when looking at them? | | |  |  |
| Does your child seem overly interested in staring at lights (e.g. common  ceiling light)? | | |  |  |
| Does your child seem to be looking under, over or beside objects/persons  rather that looking directly at them? | | |  |  |
| Does your child tend to ignore toys unless they light up or make  noise/music? | | |  |  |
| Does one or both eye turn in or out, especially when child is tired or ill? | | |  |  |
| Do photographs of your child show a white dot in the center of either eye  (not a red dot)? | | |  |  |
| Do you have concerns about how your child’s eyes appear (e.g., size of  eyeball, eye swelling, drooping of eyelid, sunken eyeballs, excessive tearing, blinking, redness, eye movements jiggle, eyes don’t move together, etc.) | | |  |  |

**If any question is answered ‘Yes’ then REFER child for further evaluation.**

**Ask questions closest to the child’s appropriate age range and younger**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **RED FLAG HEARING QUESTIONS-HEARING** |  | Age | YES | NO |
| Does your child often fail to respond to typical sounds in the his/her  environment ?(i.e., dog bark, door bell, item dropped behind)? | | | 3+  mos |  |  |
| Does your child often fail to respond to his name or a noise that you  would expect him to hear? (i.e. pan dropping) | | | 3+  mos |  |  |
| Does your child seem to respond less to sound now than when he/she  was younger? | | | 6+  mos |  |  |
| Does your child seem to turn more to one side than the other when  sounds occur? | | | 7-9+  mos |  |  |
| Does your child often seem to watch your lips while you speak ? | | | 12+  mos |  |  |

**If any question above is answered ‘Yes’ then REFER the child for further evaluation.**

Comments on Functional Skills :

##### RECORD ON RESULTS PAGE

**DOES YOUR CHILD…**

**If 2 skills are missed (checked NO) in the appropriate age range, REFER child for further testing.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AGE** | **VISION** | **YES** | **NO** | **HEARING** | **YES** | **NO** |
| 1-2 mo | look at you, momentarily? |  |  | startle to loud sounds (throws arms  out)? |  |  |
| 1-2 mo | blink or squint when brought into  bright light? |  |  | move arms or legs in time to speech  patterns ? |  |  |
| 2-3 mo | like to look at your face when being  held? |  |  | quiet when he is upset and hears your  voice? |  |  |
| 3 mo  3 mo  3 mo | turn his head or eyes to watch you?  watch his own hands?  bat at objects held above him? |  |  | look around to see what is making a  new sound?  look at toys or objects when they make sound?  imitate vowel sounds like oo, ee, ah? |  |  |
|  |  |  |  |
|  |  |  |  |
| 4-6 mo | smile at people other than just family? |  |  | react to a change in the tone of your  voice? (i.e. happy, mad) |  |  |
| 4-6 mo | notice himself in the mirror? |  |  | quiet when talked to with a soothing  voice? |  |  |
| 4-6 mo | look “around” at his environment? |  |  | move eyes toward the direction of  sounds heard from the side? |  |  |
| 6-9 mo  6-9 mo  6-9 mo | recognize your face across a room?  watch a rolling ball? watch you as you write? |  |  | by 7 months look down if a sound  occurs from below?  aware of parent’s voice when heard from a distance (next room)?  by 9 months looks up for a sound from above? |  |  |
|  |  |
| 9-12 mo | stare at/grab your jewelry/glasses? |  |  | watch TV for a short time (i.e., reacts  to songs, rhymes, etc.)? |  |  |
| 9-12 mo | look for a toy that has dropped? |  |  | turn or look when you say his name? |  |  |
| 9-12 mo | try to pick up a Cheerio, raisin, lint? |  |  | babble using a variety of sounds like  baba, geegoo? |  |  |
| 12-18 mo  12-18 mo  12-18 mo | reach into a container for a food/toy?  build a 2 block tower or stack 2 things? match identical objects (i.e. 2 spoons)? |  |  | turn head quickly to locate sound  from any direction?  react to or show pleasure at new or unusual sounds (whistle, buzzer)? responds to a simple command with no gestures (“Come here” “Sit down”) |  |  |
| 18-24 mo | reach into a container for food/toy? |  |  | “dance” to music? |  |  |
| 18-24 mo | look for a missing object/person? |  |  | let you know what he wants or needs  by using his voice? |  |  |
| 18-24 mo | point to objects in the sky/out window? |  |  | consistently use 20 or more words? |  |  |
| 24 mo  24 mo  24 mo | look at picture details (a dog’s nose) ?  point to pictures in a book? like to scribble? |  |  | point to some body parts when asked  (“Where’s your nose”) ? enjoy listening to stories?  understand many words (200+)? |  |  |
|  |  |  |  |
|  |  |  |  |
| 30-36 mo | pretend to “pick up” objects from a  book? |  |  | notice and identify different sounds  (phone, doorbell)? |  |  |
| 30-36 mo | put an object into a small opening? |  |  | listen to stories in a group of others? |  |  |
| 30-36 mo | copy or imitate drawing a line/circle? |  |  | understand most things said to him? |  |  |

**If concerns are present, what are specific instances that child did not seem to hear or see well?**

**Comments:**

**Parent Interview Protocol for**

**Child Hearing and Vision Skills**



**RESULTS PAGE**

**Child’s Name: DOB:**

**Interviewer: Date:**

**VISION HEARING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **I. PREVIOUS TESTING** | |  | | |
| Parent concerns? □ Yes □ No | | | | | Parent concerns? □ Yes □ No |
| Past referral to an eye doctor? □ Yes □ No | | | | | Tested by an audiologist? □ Yes □ No |
| Tested by eye doctor? □ Yes □ No | | | | | Newborn hearing results unknown? □ Yes □ No |
| Testing info:  Request records from: | | | | | Testing info:  Request records form: |
|  | **II. RISK FACTORS** |  | | | |
| Are any risk factors present? □ Yes □ No | | | | | Are any risk factors present? □ Yes □ No |
| Risk factor(s): | | | | | Risk factor(s): |
|  | **III. FUNCTIONAL SKILLS** | | |  | |
| YES answer to any red flag question? □Yes □No | | | | | YES answer to any red flag question? □Yes □No |
| Does the child do at least 2/3 of the skills  appropriate to his/her age? □Yes □No | | | | | Does the child do at least 2/3 of the skills  appropriate to his/her age? □Yes □No |
| Concerns noted: | | | | | Concerns noted: |

|  |  |  |
| --- | --- | --- |
|  | **RECOMMENDATIONS FOR ACTION** |  |
|  **PASS - NO FURTHER TESTING NEEDED**  **Note:** *Children eligible for services due to expressive communication delay require hearing evaluation* | | |
|  **MONITOR:** One or more risk factors are present indicating the need for the physician, parent, and/or early intervention team to monitor the child’s hearing or visual skill development. | | |
|  **REFER FOR TESTING:** | | |
| Information collected indicates:   * concern about functional **vision** skills that indicate the need for evaluation by an eye doctor * concern about functional **hearing** skills that indicate the need for audiological evaluation * past referral to an eye doctor that needs to be followed up on * newborn hearing screening was never performed * child has been diagnosed with an expressive communication delay | | |

**Date of referral for evaluation:** (Include an Eye Specialist Report form for vision referrals or Diagnostic Hearing Evaluation form for hearing referrals)

**Person that the child was referred to:**

It is recommended that the Parent Interview Protocol be shared with the medical specialist(s) that will conduct the evaluation.